MEMBERSHIP REGISTRATION FORM

MEMBERSHIP CATEGORIES

FULL FACILITY MEMBERSHIPS:  □ FAMILY  □ COUPLE  □ SINGLE PARENT  □ INDIVIDUAL  □ TEEN

PROGRAM MEMBERSHIPS:  □ FAMILY  □ INDIVIDUAL

Proof of dependency is required for all children over the age of 17. Membership cancellations require a minimum of 15-days written notice prior to the next draft date. Membership rates are subject to change with 30-days notice.

PRIMARY ADULT

ADDRESS VERIFICATION  □

 Male  Female

First Name  M.I.  Last Name  Date of Birth  Gender

Home Address  City  State  Zip

Phone Number  Alternate Phone  E-Mail

Emergency Contact  Phone Number  Relationship to Primary

SECOND ADULT

ADDRESS VERIFICATION  □

 Male  Female

First Name  M.I.  Last Name  Date of Birth  Gender

Phone Number  Alternate Phone  E-Mail

DEPENDENTS

 Male  Female

First Name  M.I.  Last Name  Date of Birth  Gender  Relation to Primary

 Male  Female

First Name  M.I.  Last Name  Date of Birth  Gender  Relation to Primary

 Male  Female

First Name  M.I.  Last Name  Date of Birth  Gender  Relation to Primary

 Male  Female

First Name  M.I.  Last Name  Date of Birth  Gender  Relation to Primary

 YMCA Staff: ____________  Member ID: ____________  Enroll Date: ____________
MEMBERSHIP TERMS AND CONDITIONS

MEMBERSHIP AGREEMENT

Membership Handbook

I have received a Membership Handbook and agree to adhere to the Code of Conduct and Program Policies outlined within. It is my full understanding that membership privileges may be suspended or revoked in response to behavior in violation of these terms. I assume responsibility for all dependents listed on my membership and agree that they, too, will abide by these terms.

Membership Hold Requests

It is my complete understanding that if I wish to temporarily suspend my membership, I must give the Y written notice at least fifteen (15) days prior to the 1st of the month. I understand that this may be completed in person at the Member Service Center, or by e-mailing the office manager. I understand that membership holds are allowed for a maximum of six (6) months, and may only be requested once per calendar year. It is my full understanding that my membership and all associated fees will automatically reinstate once my membership hold expires.

Membership Cancellation

It is my complete understanding that if I wish to terminate my membership I must give the Y written notice at least fifteen (15) days prior to the 1st of the month. I understand that this may be completed in-person at the Member Service Center, or by e-mailing the business or office manager. It is my responsibility to obtain a dated receipt of my cancellation submission.

CREDIT CARD / E.F.T. AUTHORIZATION

Membership Dues: $________ / month  Dues Charged: ☐ Monthly ☐ Annually (12 Months)

Date of First Draft: ____________________________  Joining Fee: ☐ $50.00 (2 Adults) ☐ $25.00 (1 Adult)

I authorize my financial institution to honor preauthorized credit card charges and/or electronic funds transfers against my account for membership, program, and/or contribution payments as indicated. When my financial institution honors the credit card or E.F.T. by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized credit card or E.F.T. not be honored by said financial institution when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a $25.00 service fee. It is further understood that the Y may resubmit the amount due for payment on a future date if such payment is not honored.

☐ I choose to utilize the Credit Card payment option (automatic direct charge to credit card):

Card Holder Name: ____________________________  Type: ☐ AMEX ☐ VISA ☐ MasterCard ☐ Discover

Credit Card Number: XXXX - XXXX - XXXX - _________  Expiration Date: ____________________________

Billing Address: ____________________________  Zip Code: ____________________________

☐ I choose to utilize the E.F.T. payment option (direct debit from my checking or savings account):

Name on Account: ____________________________  Type (Attach Voided Check): ☐ Checking ☐ Savings

Routing Number: ____________________________  Account Number: ____________________________

It is my responsibility to notify the Y of any changes in address and/or billing information being used for monthly dues, including credit card expiration. I understand that all membership dues are subject to change with thirty (30) days written notice and that membership fees are not transferable. It is my responsibility to dispute any billing discrepancies within 90 days of their first appearance on my financial statements; after 90 days, I waive my right to dispute such discrepancies.

I acknowledge the membership agreement set forth above and agree to adhere to these policies as stated on this form.

__________________________________________  ____________________________________________  __________
Name of Primary Adult on Membership  Signature of Primary Adult on Membership  Date
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the SOUTHEAST VENTURA COUNTY YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereof and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees and agents (hereinafter referred to as “releasees”) from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

BY PARTICIPATING IN the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men’s Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

THE YMCA CONDUCTS regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Name of Primary Adult on Membership ___________________________ Signature of Primary Adult on Membership ___________________________ Date __________

Name of Second Adult on Membership ___________________________ Signature of Second Adult on Membership ___________________________ Date __________

Name of Child ____________________________________________ Name of Child ____________________________________________

Name of Child ____________________________________________ Name of Child ____________________________________________

MEMBERSHIP TERMS AND CONDITIONS